



HYS REFEREE CERTIFICATION REIMBURSEMENT FORM

Name of person who took the course: _____

Address: _____

Phone: _____

e-mail: _____

Birth Date: _____ Current Age: _____

School Grade: _____

Name of Course (i.e. Grade 8, etc.) _____

Location: _____ Date: _____

Did you pass the test? Y N

Course Fee Amount: _____ (late fees are not reimburse)

Other Amount Requested: _____ explain:

Total Amount Requested: _____

Please write clearly the name and address of the person to whom the reimbursement check should be made out to (or same as above):

HYS will reimburse referees for initial certification course fees, annual recertification fees and annual national fees assessed for certification, if the person passes the test, and has started to actively work for Hopkinton Youth Soccer. By signing below, you are certifying that you took the course, paid the fees as described above, and agree to work for HYS in the coming year.

Applicant Signature : _____ Date: _____

Parent/Guardian Signature (if under 18) _____

Mail to HYS PO Box 69 Hopkinton, MA 01748 or email operations@hopkintonsoccer.org